RafflesMedicalGroup

Medical Questionnaire for Gastrointestinal Endoscopy

Name :	
Do you smoke? :	Yes (Current amount:cigarattes/day Duration:years)
	No / No,but I used to.
Do you drink alcol	nol?: No / sometimes / everyday (ml/day)
Are you currently red Yes (ceiving treatments for medical conditions?:) / No
Are you currently	taking any medications?: Yes () / No
If you are undergo	oing a gastroscopy, please answer the following questions:
1 Have you ever	undergone a gastroscopy before?(これまでに胃カメラ検査を受けたことがありますか?)
	In this clinic / In other clinic you last undergo a gastroscopy?:Year / Insertion route: nose or mouth] : Normal / Abnormal()]
2 Are you experie	encing any of the symptoms listed below?(以下の症状がありますか?)
	n/胸やけ 口Stomach pain/胃痛 口Heavy stomach/胃重感 口Nausea/嘔気 al bloating/腹満 口Other()
3 Have you ever	had a Helicobacter pylori test?(ピロリ菌の検査を受けたことがありますか?)
□Yes	□ No
□Positive	s the result of the test?(検査結果はどうでしたか?) □ Negative ever received treatment for a Helicobacter pylori?(ピロリ菌治療を受けたことがありますか') □ No eatment work?(治療の経過はどうでしたか?) □ Failure □ Unknown
4 Have you ever	had stomach surgery?(胃の手術を受けたことがありますか?)
□ Yes □ No	[When was it?: Year/Type of surgery:]
5 Have you ever	had any of the diseases listed below?(以下の病気にかかったことがありますか?)
	ease/心臓病 🗆 High blood pressure/高血圧 🗆 Glaucoma/緑内障 hypertrophy/前立腺肥大 🗆 Diabetes/糖尿病 🗆 Nothing/なし
6 Are you currently	r taking any anticoagulant or antiplatelet medications? (抗凝固剤は服用していますか?)
☐ Yes/One	type □ Yes/Two types or more □ No
7 Do you have a	ny drug allergies?(薬のアレルギーがありますか?)
□ Yes (The name of the drug :) \square No
8 Have you ever	had any problems related to anesthesia?(麻酔に関する問題を経験したことがありますか?)
☐ Yes	□ No
9 Are you wearing	removable dentures or post crowns?(取り外し可能な入れ歯や被せ物を使用していますか?)
□ Yes	□ No
	e the endoscope to be inserted through your nose or mouth? れますか、それとも口から入れますか?) □ Nose □ I want to consult to staffs.